



Missouri Ethics Commission
COMMITTEE DISCLOSURE REPORT COVER PAGE

M.E.C. ID NO. C180680

1. DATE OF REPORT 2/22/2019	OFFICE USE ONLY
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INSTRUCTIONS ON REVERSE SIDE

2. FULL NAME OF COMMITTEE Friends Of Chris Kelly	
3. COMMITTEE MAILING ADDRESS 1400 Forum Blvd Suite 7A #346	4. COMMITTEE TELEPHONE NUMBER (573) 489-0684
CITY / STATE / ZIP Columbia MO 65203	
5. TREASURER'S NAME Nikki Krawitz	
6. TREASURER'S MAILING ADDRESS 901 Edgewood Ave	7. TREASURER'S TELEPHONE NUMBER HOME: (573) 874-3917 WORK:
CITY / STATE / ZIP Columbia MO 65203	
8. DEPUTY TREASURER'S NAME <input type="checkbox"/> CHECK IF NO DEPUTY TREASURER Vicki Hobbs	
9. DEPUTY TREASURER'S MAILING ADDRESS 4001 Coats Lane Columbia MO 65203	10. DEPUTY TREASURER'S TELEPHONE NUMBER HOME: (573) 445-4940 WORK:
CITY / STATE / ZIP	
11. DATE OF ELECTION 4/2/2019	12. TYPE OF ELECTION (CHECK ONE) <input type="radio"/> PRIMARY <input checked="" type="radio"/> GENERAL <input type="radio"/> SPECIAL
13. TIME PERIOD COVERED BY THIS STATEMENT FROM 1/1/2019 THROUGH 2/16/2019	
14. CANDIDATE COMMITTEES ONLY: LIST CANDIDATE'S NAME, ADDRESS, PHONE, OFFICE SOUGHT, POLITICAL SUBDIVISION AND POLITICAL PARTY Chris Kelly 2706 Bristol Lake Columbia MO 65201 (573) 489-0684 Mayor City of Columbia <input type="checkbox"/> CHECK IF INCUMBENT <input type="checkbox"/> REPUBLICAN <input type="checkbox"/> DEMOCRAT <input checked="" type="checkbox"/> Non-Partisan	15. TYPE OF REPORT <input type="checkbox"/> 15 DAYS AFTER CAUCUS NOMINATION <input type="checkbox"/> COMMITTEE QUARTERLY REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Apr 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> Oct 15 <input type="checkbox"/> 8 DAYS BEFORE <input type="checkbox"/> 30 DAYS AFTER ELECTION <input type="checkbox"/> TERMINATION (ATTACH FORM CO-3) <input type="checkbox"/> SEMIANNUAL DEBT REPORT <input type="checkbox"/> Jan 15 <input type="checkbox"/> Jul 15 <input type="checkbox"/> ANNUAL SUPPLEMENTAL, JAN 15 <input type="checkbox"/> 15 DAYS AFTER PETITION DEADLINE <input checked="" type="checkbox"/> OTHER 40 Day Before General Municipal Election-4/ <input type="checkbox"/> AMENDING PREVIOUS REPORT DATED _____, 20____
16. COMMITTEE TREASURER'S SIGNATURE I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 22 2019 1:55PM _____ TREASURER'S SIGNATURE	17. CANDIDATE'S SIGNATURE (CANDIDATE COMMITTEES ONLY) I CERTIFY THAT THIS REPORT, COMPRISED OF THIS COVER PAGE AND ALL ATTACHED FORMS, IS COMPLETE, TRUE AND ACCURATE. ELECTRONICALLY FILED Feb 22 2019 1:55PM _____ CANDIDATE'S SIGNATURE



Missouri Ethics Commission

REPORT SUMMARY

Instructions on Reverse Side

Name of Committee	Date of Report	Office Use Only
Friends Of Chris Kelly	2/22/2019	

Receipts	A. This Period	B. This Calendar Yr or Election Cycle	Statement of Beginning and Ending Financial Condition	
1. Total Receipts For This Election Previously Reported		\$ 8,050.00		
2. All Monetary Contributions Received This Period	\$ 10,625.00			
3. All Loans Received This Period	+ 0.00			
4. Miscellaneous Receipts This Period	+ 0.00			
5. Subtotal Monetary Receipts This Period (Sum 2A + 3A + 4A)	\$ 10,625.00			
6. In-kind Contributions Received This Period	+ 1,335.00			
7. Total All Receipts This Period (Sum 5A + 6A)	\$ 11,960.00			
8. Total All Receipts This Election (Sum 1B + 7A)		\$ 20,010.00		
Expenditures	A. This Period	B. This Calendar Yr or Election Cycle		
9. Total Expenditures for this election previously reported		\$ 835.50		
10. Expenditures made by cash or check this period	\$ 6,284.03			
11. In-Kind Expenditures made this period	+ 0.00			
12. Expenditures incurred this period (not including loans) including payments made by credit card (line 17 CD3)	+ 0.00			
13. Total All expenditures made this period (Sum 10A + 11A + 12A) Including payments made by Credit Card (line 17 CD3)	\$ 6,284.03			
14. Total Expenditures This Election (Sum 9B + 13A)		\$ 7,119.53		
Contributions Made	A. This Period	B. This Calendar Yr or Election Cycle		
15. Total Contributions Made For This Election Previously Reported		\$ 0.00		
16. All Contributions Made This Period (25A or 25B of CD3)	A 175.00 B 0.00	← Cash/Check ← Credit Card		
17. All In-Kind Contributions Made This Period	+ 0.00			
18. Total Contributions Made This Period (Sum 16A + 17A)	\$ 175.00			
19. Total All Contributions Made This Election (Sum 15B + 18A)		\$ 175.00		
Other Disbursements	A. This Period	B. This Calendar Yr or Election Cycle		
20. Funds Used For Paying Loans This Period Including Credit Card Payments	+ 0.00			
21. Payments This Period on Prev Reported Expend Incurred (Paid by Cash/Check Only)	+ 0.00			
22. Any Miscellaneous Disbursement Not Reported Elsewhere	+ 0.00			
23. Total Other Disbursements This Period (Sum 20A + 21A + 22A)	\$ 0.00			
			Money On Hand	
			24. Money On Hand at the beginning of this reporting period (Including funds in depository, cash, savings accounts and all other investments)	\$ 7,214.50
			25. Monetary Receipts this Period (From Item 5 - this page)	+ 10,625.00
			26. Monetary Disbursements Made This Period (Sum 10 + 16A + 23) a) Disbursements By Check \$ 6,459.03 b) Disbursements By Cash \$ 0.00	- 6,459.03
			27. Money On Hand at the close of this reporting period (SUM 24 + 25 - 26)	\$ 11,380.47
			Indebtedness	
			28. Outstanding Indebtedness at the beginning of this period	\$ 0.00
			29. Loans Received This Period	+ 0.00
			30. A. New Expenditures Incurred This Period (include payments by Credit Card (Line 17 CD3)	+ 0.00
			B. New Contributions Made by Credit Card (Line 25B CD3)	+ 0.00
			31. Payments Made on Loans This Period	- 0.00
			32. Debt Forgiven on Loans This Period	- 0.00
			33. Payments Made This Period on Expenditures Incurred in Previous Period (Paid by Cash/Check Only) (Line 21 this page)	- 0.00
			34. Total Indebtedness at the Close of This Reporting Period (Sum 28 + 29 + 30A + 30B - 31 - 32 - 33)	\$ 0.00



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS AND LOANS RECEIVED
 INSTRUCTIONS ON REVERSE SIDE

OFFICE USE ONLY

1. NAME OF COMMITTEE Friends Of Chris Kelly		2. REPORT DATE 2/22/2019	
A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.		4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)			
NAME: ADDRESS: CITY / STATE: View Supplemental Form(s) EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:		\$ ----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
6. SUBTOTAL: ITEMIZED CONTRIBUTIONS THIS PAGE (SUM COLUMN 5)		\$ 0.00	
7. SUBTOTAL: ITEMIZED CONTRIBUTIONS ANY ATTACHED PAGES		+ \$ 11,960.00	
8. TOTAL: ITEMIZED CONTRIBUTIONS THIS PERIOD (SUM 6 + 7)		\$ 11,960.00	
9. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS MONETARY CONTRIBUTIONS		\$ 10,625.00	
10. AMOUNT OF ITEM 8 THAT WAS RECEIVED AS IN-KIND CONTRIBUTIONS		\$ 1,335.00	
B. NON-ITEMIZED CONTRIBUTIONS RECEIVED (LIST BY CATEGORY, NOT BY INDIVIDUAL CONTRIBUTIONS)		AMOUNT RECEIVED	
11. TOTAL CONTRIBUTIONS RECEIVED AT FUND-RAISERS AS REPORTED INLINE 8 ON FORM CD1A		\$ 0.00	
12. TOTAL ANONYMOUS CONTRIBUTIONS RECEIVED FROM PERSON GIVING \$25 OR LESS		\$ 0.00	
13. TOTAL MONETARY CONTRIBUTIONS RECEIVED FROM PERSONS GIVING \$100 OR LESS		\$ 0.00	
14. TOTAL IN-KIND CONTRIBUTIONS RECEIVED FROM PERSONS (NOT COMMITTEES) GIVING \$100 OR LESS		\$ 0.00	
C. LOANS RECEIVED			
15. NAME AND ADDRESS OF LENDER		16. DATE RECEIVED	17. AMOUNT OF LOAN (IF MORE THAN \$100 ATTACH CD-1B)
NAME: ADDRESS: CITY / STATE:			\$
NAME: ADDRESS: CITY / STATE:			\$
18. SUBTOTAL: LOANS THIS PAGE (SUM COLUMN 17)		\$ 0.00	
19. SUBTOTAL: LOANS FROM ANY ATTACHED PAGES		\$ 0.00	
20. TOTAL: LOANS THIS PERIOD (SUM 18 + 19)		\$ 0.00	
21. TOTAL: ALL IN-KIND CONTRIBUTIONS (SUM 10 + 14)		\$ 1,335.00	
22. TOTAL: ALL MONETARY CONTRIBUTIONS (SUM 9, 11, 12 & 13)		\$ 10,625.00	
23. MONETARY CONTRIBUTIONS & LOANS RECEIVED REQUIRING A RECORD OF NAME & ADDRESS (SUM 9, 13 & 20)		\$ 10,625.00	



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Mark Vaughn CITY / STATE: 503 E Nifong Blvd Columbia MO 65201 EMPLOYER: Bingham's Clothing -- Sales <input type="checkbox"/> COMMITTEE:	1/9/2019 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: David Kent Danuser CITY / STATE: 6101 S Hwy KK Columbia MO 65203 EMPLOYER: Bingham's Clothing -- Business owner <input type="checkbox"/> COMMITTEE:	1/9/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bonnie Trickey CITY / STATE: 708 Silverton Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/10/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Blake & Carol Danuser CITY / STATE: 6000 S Arrowhead Lake Dr Columbia MO 65203 EMPLOYER: Bingham's Clothing -- Business owner <input type="checkbox"/> COMMITTEE:	1/10/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wally Pfeffer CITY / STATE: 1405 Overhill Dr Columbia MO 65203 EMPLOYER: Mutual of Omaha -- Insurance Agent <input type="checkbox"/> COMMITTEE:	1/14/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Wayne & Jo Behymer CITY / STATE: 3750 Miller Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/16/2019 ----- \$ 25.00	\$ 25.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Scott & Cheryl Orr CITY / STATE: 28 N 8th St Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/18/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael & Roxanne Alden CITY / STATE: 111 E Ridgeley Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Chris Teeter & Donna Checkett CITY / STATE: 107 E Ridgeley Rd Columbia MO 65203 EMPLOYER: Self-employed -- Artist <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tootie & Richard Burns CITY / STATE: 310 E Brandon Rd Columbia MO 65203 EMPLOYER: Self-employed -- Artist <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Doroghazi CITY / STATE: 115 Bingham Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathleen Quinn CITY / STATE: 221 W Brandon Rd Columbia MO 65203 EMPLOYER: UMC Health -- Assoc Dean <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Sally Silvers CITY / STATE: 310 W Burnam Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teresa & Scott Maledy CITY / STATE: 215 W Brandon Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 450.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don & Kay Duello CITY / STATE: 203 Bingham Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Dave Baugher & Jackie Verdun CITY / STATE: 211 Bingham Rd Columbia MO 65203 EMPLOYER: Self-employed -- Business Owner <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Robbie & Ali Price CITY / STATE: 111 E Brandon Rd Columbia MO 65203 EMPLOYER: Simon Oswald Architecture -- Architect <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 500.00	\$ 500.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John & Vicki Ott CITY / STATE: 212 Bingham Rd Columbia MO 65203 EMPLOYER: Alley A Realty -- Business owner <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Keown & Rick Crow CITY / STATE: 106 W Burnham Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Tootie & Richard Burns CITY / STATE: 310 E Brandon Rd Columbia MO 65203 EMPLOYER: Self-employed -- Artist <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Dave Baugher & Jackie Verdun CITY / STATE: 211 Bingham Rd Columbia MO 65203 EMPLOYER: Self-employed -- Business Owner <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Robbie & Ali Price CITY / STATE: 111 E Brandon Rd Columbia MO 65203 EMPLOYER: Simon Oswald Architecture -- Architect <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: John & Vicki Ott CITY / STATE: 212 Bingham Rd Columbia MO 65203 EMPLOYER: Alley A Realty -- Business owner <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew & Cynthia Beverley CITY / STATE: 210 E Ridgely Rd Columbia MO 65203 EMPLOYER: Columbia Bancshares -- CEO <input type="checkbox"/> COMMITTEE:	1/20/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Paul Wallace CITY / STATE: 503 Taylor St Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/24/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeanne Sebaugh & Diane Booth CITY / STATE: 3609 Holly Hills Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Andrew & Cynthia Beverley CITY / STATE: 210 E Ridgely Rd Columbia MO 65203 EMPLOYER: Columbia Bancshares -- CEO <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 600.00	\$ 600.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Ann Shaw CITY / STATE: 400 W Green Meadows Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Don & Sharon Ginsburg CITY / STATE: 3605 Holly Hills Ct Columbia MO 65203 EMPLOYER: ReMax Boone Realty -- Realtor <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Pamela Springsteel CITY / STATE: 5901 Redwing Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael Trapp CITY / STATE: 10 E Leslie Ln Columbia MO 65202 EMPLOYER: Self-employed -- Consultant <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Teresa & Scott Maledy CITY / STATE: 215 W Brandon Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 650.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Melody Marcks CITY / STATE: 3020 Wildflower Ct Columbia MO 65203 EMPLOYER: Central Bank of Boone Co -- Sr Vice-President <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Julia Wilford Gold CITY / STATE: 207 W Parkway Dr Columbia MO 65203 EMPLOYER: ReMax Boone Realty -- Realtor <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jean Ispa CITY / STATE: 1020 S Glenwood Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 35.00	\$ 35.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: John Murray CITY / STATE: 911 Edgewood Ave Columbia MO 65203 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robin Rotman CITY / STATE: 1799 Shore Acres Dr Lake Bluff IL 60044 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill & Elizabeth Watkins CITY / STATE: 10801 W Walnut Grove Ln Rocheport MO 65279 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Stacey & Darin Preis CITY / STATE: 4803 Chilton Ct Columbia MO 65203 EMPLOYER: Central MO Community Action -- Exec Director <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jim Windsor CITY / STATE: 200 Manor Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

If further information is needed concerning reporting itemized expenditures, see Form CD-1 Instructions.

A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE. 3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST)	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
NAME: ADDRESS: Joseph Bindbeutel CITY / STATE: 1701 East Gans Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Les & Molly Wagner CITY / STATE: 705 S Greenwood Ave Columbia MO 65203 EMPLOYER: Self-employed -- Business Owner <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Linda Cupp & Bill Bondeson CITY / STATE: 913 Leland Ridge Rd Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary & Elizabeth Stangler CITY / STATE: 2605 Face Rock Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Vickie Park & Philip Peters CITY / STATE: 2620 Westbrook Way Columbia MO 65203 EMPLOYER: Univ of MO -- Attorney <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kevin & Whitney Gibbens CITY / STATE: 1700 Glenbrook Ct Columbia MO 65203 EMPLOYER: Landmark Bank -- President <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barry & Jolene Kirchhoff CITY / STATE: 4013 Corkwood Ct Columbia MO 65203 EMPLOYER: Columbia Water & Light -- Lab Supervisor <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Nancy Wilson CITY / STATE: 3704 Shadow Glen Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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A. ITEMIZED CONTRIBUTIONS RECEIVED FROM COMMITTEES REGARDLESS OF THE AMOUNT, OR FROM PERSONS GIVING MORE THAN \$100 TO A COMMITTEE.	4. DATE RECEIVED ----- AGGREGATE TO DATE	5. AMOUNT RECEIVED (CHECK IF MONETARY OR IN-KIND)
3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Lucille Salerno CITY / STATE: 2910 Bluff Creek Dr Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kathleen Cain & Don Lewis CITY / STATE: 603 Westwood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Mary Carnahan CITY / STATE: 4902 Royal Lytham Dr Columbia MO 65203 EMPLOYER: Brown Willibrand Law Firm -- Attorney <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter & Chris Koukola CITY / STATE: 603 S Cedar Lake Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Judith Lee CITY / STATE: 1118 Club Meadows Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeff Chinn CITY / STATE: 504 Westmount Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Fairman CITY / STATE: 2508 Vistaview Ter Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 25.00	\$ 25.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Favazza CITY / STATE: 1808 Fairview Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 35.00	\$ 35.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
---	-------------------

INSTRUCTIONS

PURPOSE: The purpose of the Contributions Received supplement is to provide a printed outline for attaching additional pages to Form CD1 (Contributions Received). This form should be used as additional space for reporting persons contributing more than \$100 and for committee contributions. This form may be reproduced as needed.

Total all itemized contributions at the bottom of the page and carry to item 7 (Subtotal: Itemized Contributions From Any Attached Pages) on Form CD-1.

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Natalie Krawitz CITY / STATE: 901 Edgewood Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 50.00	\$ 50.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Victoria Wilson CITY / STATE: 3201 Blackberry Ln Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	1/31/2019 ----- \$ 150.00	\$ 150.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: Peter Neenan CITY / STATE: 300 S Rustic Rd Columbia MO 65201 EMPLOYER: Self-employed -- Business owner <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lawrence Libbus CITY / STATE: 2000 Misty Glen Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Martha Libbus CITY / STATE: 2000 Misty Glen Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Jeffrey Parshall CITY / STATE: 2501 Pine Tree Columbia MO 65203 EMPLOYER: Ford Parshall & Baker LLC -- Attorney <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Rodney Stevens CITY / STATE: 2711 Raintree Ct Columbia MO 65201 EMPLOYER: Self-employed -- Attorney <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Donald Laird CITY / STATE: 1205 LaRail Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
---	-------------------

INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Virginia Higdon CITY / STATE: 1700 Kathy Dr Columbia MO 65202 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/4/2019 ----- \$ 20.00	\$ 20.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Favazza CITY / STATE: 1808 S Fairview Rd Columbia MO 65203 EMPLOYER: Retired -- Physician <input type="checkbox"/> COMMITTEE:	2/6/2019 ----- \$ 300.00	\$ 300.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Kay Callison CITY / STATE: 600 Crestland Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/6/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Barbara Fairman CITY / STATE: 2508 Vistaview Ter Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/7/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Michael & Juanamaria Cook CITY / STATE: 3100 Woodbine Dr Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/7/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lynneanne Baumgardner CITY / STATE: 6009 Dornagh Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/7/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Phyllis Wulff CITY / STATE: 605 Rockhill Rd Columbia MO 65201 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/7/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bob Roper CITY / STATE: PO Box 10084 Columbia MO 65205 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/11/2019 ----- \$ 400.00	\$ 400.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
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INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Karen & Lonnie Taylor CITY / STATE: 3709 Frontenac Pl Columbia MO 65203 EMPLOYER: Central Bank of Boone Co <input type="checkbox"/> COMMITTEE:	2/11/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Lawrence Ganong & Marilyn Coleman CITY / STATE: 111 Manor Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/11/2019 ----- \$ 50.00	\$ 50.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Gary Oxenhandler CITY / STATE: 1428 Coachlamp Ct Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/12/2019 ----- \$ 200.00	\$ 200.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Robert Black CITY / STATE: 1112 Vintage Dr Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/12/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Bill & Doyne McKenzie CITY / STATE: 710 Thilly Ave Columbia MO 65203 EMPLOYER: Retired <input type="checkbox"/> COMMITTEE:	2/14/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Ava Fajen & Scott Christianson CITY / STATE: 300 S Garth Ave Columbia MO 65203 EMPLOYER: Univ of MO -- Asst Teaching Prof <input type="checkbox"/> COMMITTEE:	2/14/2019 ----- \$ 100.00	\$ 100.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Chris & Jackie Belcher CITY / STATE: 4132 Town Square Dr Columbia MO 65203 EMPLOYER: Univ of MO -- Professor <input type="checkbox"/> COMMITTEE:	2/14/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Elton Fay CITY / STATE: 2351 Dozier Station Rd Columbia MO 65202 EMPLOYER: Grimes Fay & Gaeth -- Attorney <input type="checkbox"/> COMMITTEE:	2/14/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

--

(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
CONTRIBUTIONS RECEIVED - SUPPLEMENTAL

OFFICE USE ONLY

NAME OF COMMITTEE Friends Of Chris Kelly	DATE 2/22/2019
---	-------------------

INSTRUCTIONS

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3. NAME, ADDRESS AND OCCUPATION (LIST COMMITTEES FIRST) NAME: ADDRESS: Gary Tatlow CITY / STATE: 5958 Screaming Eagle Ln Columbia MO 65201 EMPLOYER: Tatlow Gump Law Firm -- Attorney <input type="checkbox"/> COMMITTEE:	2/14/2019 ----- \$ 250.00	\$ 250.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Susan Jenkins CITY / STATE: 3000 S Rodeo Dr Columbia MO 65203 EMPLOYER: Univ of MO -- Nurse Anesthetist <input type="checkbox"/> COMMITTEE:	2/16/2019 ----- \$ 75.00	\$ 75.00 <input checked="" type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: Columbia Marketing Group CITY / STATE: 2001 Corporate Pl EMPLOYER: Columbia MO 65202 <input type="checkbox"/> COMMITTEE:	2/16/2019 ----- \$ 950.00	\$ 950.00 <input type="checkbox"/> MONETARY <input checked="" type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND
NAME: ADDRESS: CITY / STATE: EMPLOYER: <input type="checkbox"/> COMMITTEE:	----- \$	\$ <input type="checkbox"/> MONETARY <input type="checkbox"/> IN-KIND

TOTAL: ITEMIZED CONTRIBUTIONS

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(CARRY TO ITEM 7 "SUBTOTAL: ITEMIZED CONTRIBUTIONS FROM ANY ATTACHED PAGES" ON FORM CD-1)



MISSOURI ETHICS COMMISSION
EXPENDITURES AND CONTRIBUTIONS MADE
 Instructions on Reverse Side

Office Use Only

1. Name of Committee Friends Of Chris Kelly		2. Report Date 2/22/2019	
A. Expenditures of \$100 or Less by Category (List Payments to Campaign Workers in Section B Below)			4. Amount Paid or Incurred This Period
3. Category of Expenditure View Supplemental Form(s)			
5. Subtotal: Non-Itemized Expenditures This Page (Sum Column 4)			\$ 0.00
6. Subtotal: Non-Itemized Expenditures Any Attached Pages			+ 250.26
7. Total: Non-Itemized Expenditures This Period (Sum 5 + 6)			\$ 250.26
B. Itemized Expenditures All Over \$100 And All Payments To Campaign Workers		9. Date	10. Purpose - (If Payment was to a Campaign Worker, Show Aggregate Paid)
8. Name and Address of Recipient			11. Amount This Period
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
Name:			\$
Address:			<input type="checkbox"/> Paid
City / State:			<input type="checkbox"/> Incurred
12. Subtotal: This Page (Sum Column 11)			\$ 6,033.77
13. Subtotal: Any Attached Pages			+ 0.00
14. Total: Itemized Expenditures This Period (Sum 12 + 13)			\$ 6,033.77
15. Total: Monetary Expenditures This Period (Sum 7 + 14)			\$ 6,284.03
16. Amount of Line 15 Above which was Paid Out This Period			\$ 6,284.03
17. Amount of Line 15 Which Were Expenditures Incurred This Period Including Payments Made by Credit Cards			\$ 0.00
18. If Committee Made Any In-Kind Expenditures This Period, List Amount			\$ 0.00
19. Funds Used For Paying Loans/Credit Cards This Period (Attach Form CD1B - amount goes to Line 5 / Part II)			\$ 0.00
C. Contributions Made (Regardless of Amount)		21. Date	22. Amount
20. Name and Address of Candidate or Committee			
Name: Boone County Democratic Central Committee		2/12/2019	\$ 175.00
Address: PO Box 1294			<input checked="" type="checkbox"/> Monetary
City / State: Columbia MO 65205			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
Name:			\$
Address:			<input type="checkbox"/> Monetary
City / State:			<input type="checkbox"/> In-Kind
23. Subtotal: This Page (Sum Column 22)			\$ 175.00
24. Subtotal: Any Attached Pages			\$ 0.00
25. Total: Monetary Contributions Made This Period		A. By Cash / Check	\$ 175.00
		B. By Credit Card	\$ 0.00
26. If Committee Made Any Loans This Period, List Amount			\$
27. Total: All Monetary Contributions and Loans Made This Period (Sum 25 + 26)			\$ 175.00
28. Total: In-Kind Contributions Made This Period, List Amount			\$ 0.00



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NAME OF COMMITTEE Friends Of Chris Kelly		DATE 2/22/2019
EXPENDITURES OF \$100 OR LESS BY CATEGORY (LIST PAYMENTS TO CAMPAIGN WORKERS IN SECTION B ON FORM CD3 OR USE FORM CD3 SUP B)		AMOUNT PAID OR INCURRED THIS PERIOD
CATEGORY OF EXPENDITURE		
Office supplies		\$ 24.98
Copies		\$ 27.49
Postage		\$ 42.00
Website		\$ 73.31
Online advertising		\$ 63.00
Event ticket		\$ 17.00
Online contribution fees		\$ 2.48
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
		\$
TOTAL: ITEMIZED EXPENDITURES THIS PAGE		
(CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)		\$ --



MISSOURI ETHICS COMMISSION

ITEMIZED EXPENDITURES OVER \$100 SUPPLEMENTAL FORM

OFFICE USE ONLY


NAME OF COMMITTEE Friends Of Chris Kelly		REPORT DATE 2/22/2019	
ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS			
NAME AND ADDRESS OF RECIPIENT	DATE	PURPOSE - (IF PAYMENT WAS TO A CAMPAIGN WORKER, SHOW AGGREGATE PAID)	AMOUNT THIS PERIOD
NAME: PPP LLC ADDRESS: 4001 Coats Ln CITY/STATE: Columbia MO 65203	1/21/2019	List management & analysis	\$ <input checked="" type="checkbox"/> PAID 1,000.00 <input type="checkbox"/> INCURRED
NAME: Hotcards.com ADDRESS: 2400 Superior Ave East CITY/STATE: Cleveland OH 44114	2/3/2019	Printing	\$ <input checked="" type="checkbox"/> PAID 233.18 <input type="checkbox"/> INCURRED
NAME: Pixel Foundry ADDRESS: 1415 Killarney Dr CITY/STATE: Columbia MO 65203	2/4/2019	Media management	\$ <input checked="" type="checkbox"/> PAID 500.00 <input type="checkbox"/> INCURRED
NAME: GoDaddy ADDRESS: 14455 N Hayden Rd Ste 219 CITY/STATE: Scottsdale AZ 85260	2/11/2019	Website SSL	\$ <input checked="" type="checkbox"/> PAID 139.99 <input type="checkbox"/> INCURRED
NAME: FastSigns ADDRESS: 1001 Fay St Ste 101 CITY/STATE: Columbia MO 65201	2/15/2019	Signs	\$ <input checked="" type="checkbox"/> PAID 4,160.60 <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
NAME: ADDRESS: CITY/STATE:		\$	<input type="checkbox"/> PAID <input type="checkbox"/> INCURRED
TOTAL: ITEMIZED EXPENDITURES ALL OVER \$100 AND ALL PAYMENTS TO CAMPAIGN WORKERS (CARRY TO ITEM 13. "SUBTOTAL: ANY ATTACHED PAGES" ON FORM CD-3)			\$ --



MISSOURI ETHICS COMMISSION
INDEPENDENT CONTRACTOR EXPENDITURE

OFFICE USE ONLY

INSTRUCTIONS ON REVERSE SIDE

NAME OF COMMITTEE Friends Of Chris Kelly			DATE 2/22/2019	
ITEMIZED EXPENDITURES ON PAYMENT TO INDEPENDENT CONTRACTOR (NAME AND ADDRESS OF RECIPIENT)	DATE	DESCRIPTION OF SERVICES RENDERED	PRO-RATED COST FOR SERVICE	TOTAL AMOUNT PAID
PPP LLC 4001 Coats Ln Columbia MO 65203	2/16/2019	list management and analysis	1,000.00	1,000.00
TOTAL ALL PAGES 				1,000.00